SOUTH DAKOTA FINANCING STATEMENT – UCC 3 OGLALA SIOUX TRIBE FORM

Secretary of State 500 E. Capitol • Pierre, SD 57501-5070 • 605-773-4422

Fee \$	
Account #	



PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC 3 FORM NOTE: Type smaller than 9 point is not accordable. This is an example of 9 point type.

	NOTE: Type smaller than 8 point is not acceptable. This is an example of 8 point type.												
1. SECURED PARTY NAME AND ADDRESS insert only one secured party name (1a or 1b)													
1a. ORGANIZATION'S NAME or													
1b. INDIVIDUAL'S LAST NAME					FIRST NAME					MIDDLE NAME			SUFFIX
1c. MAILING ADDRESS						CITY				STATE	POS	STAL CODE	COUNTRY
2. A			NAME	AND ADDRESS	insert or	insert only one assignee name (2a or 2b)							
2a. ORGANIZATION'S NAME													
or 2b. INDIVIDUAL'S LAST NAME						FIRST NAME					MIDDLE NAME		
2c. MAILING ADDRESS					CITY					STATE	POS	COUNTRY	
3. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor (3a or 3b) – do not abbreviate or combine names.													
3a. ORGANIZATION'S NAME or													
3b. INDIVIDUAL'S LAST NAME						FIRST NAME					ИΕ		SUFFIX
3c. MAILING ADDRESS					CITY					STATE	TATE POSTAL CODE		
3d. T	AX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION	3e. T	YPE OF ORGANIZ	ZATION	ON 3f. JURSIDICTION OF ORGANIZATION					3G.	ORGANIZATIONAL ID#, if any	□ NONE
4 A	DDITIONAL DEBT	DEBTOR OR'S EXACT FL	III I F	GAL NAMF – in	sert only (nne debto	r name (4a or	4h) _	do not abbreviate or co	mhine names			□ NONE
	4a. ORGANIZATIO		<u> </u>	O'TE TO TIME	isort orny t	one debit	or ridino (id oi	10)	do not approviate or co	monte riumes			
or	4b. INDIVIDUAL'S	LAST NAME				FIRST N			MIDDLE NAME			SUFFIX	
4c. N	AILING ADDRESS				CITY				STATE		POSTAL CODE		COUNTRY
4d. T	AX ID # SSN OR EIN	ADD'S INFO RE ORGANIZATION	4e. T	YPE OF ORGANIZ	ZATION	TION 4f. JURSIDICTION			ON OF ORGANIZATION 4G			ORGANIZATIONAL ID#, if any	
ТШ	S STATEMENT DE	DEBTOR	NAI FI	INANCING STA	TEMENT	NO						(limited to one transacti	ion per LICC 3)
1111												(infinited to one transacti	
The financing statement bearing the above file number is still effective. Cannot be filed more than six months prior to the expiration date. Must be signed by secured party for effective financing statements. The sec the financing to the signed by secured party for effective financing statements.				the financing stat	ed party no longer claims a security interest under ing statement bearing the above file number. signed by secured party for effective financing.			The s under been are list debto	□ ASSIGNMENT The secured partys rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above. Must be signed by secured party and debtor for Effective Financing Statement. Fee: \$25 and \$3 for each additional debtor name			☐ AMENDMENT The financing statement bearing the above file number is amended as set forth below. Must be signed by both debtor and secured party for Effective Financing Statement. Fee: \$25 and \$3 for each additional debtor name	
This	area is for the des	cription of collate	ral, rele	ease, collateral it	f assigned	, or desci	ription of real (estate,	, if necessary:				
		Ci	heck (X	() if covered: □	PROCEE	DS of co	llateral are als	o cove	ered. 🗖 PRODUCTS o	f collateral ar	e also	covered.	
Use the following spaces only for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)													
FARM PRODUCT					YEAR	QUANTITY			COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION			
					and Coo	Dot	of Dorth unless all and		hallad T Canada	Donk, and to	1 Dahi		
Pay proceeds to Debtor and Secured Party unless otherwise checked: ☐ Secured Party only ☐ Debtor only													
Filed with the Secretary of State as UCC EFS BOTH Number of Additional Sheets, if any													